

**2024 Individual Tax Organizer**

<b>Taxpayer's Name:</b>			<b>Spouse's Name:</b>		
<b>Street Address:</b>			<b>Street Address:</b> (check <input type="checkbox"/> if same as taxpayer)		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>School District:</b>		<b>Municipality:</b>		<b>County:</b>	
<b>Occupation:</b>			<b>Occupation:</b>		
<b>Email Address:</b>			<b>Email Address:</b>		
<b>Home Phone #:</b> ( ) -			<b>Home Phone #:</b> ( ) -		
<b>Work Phone #:</b> ( ) -			<b>Work Phone #:</b> ( ) -		
<b>Cell Phone #:</b> ( ) -			<b>Cell Phone #:</b> ( ) -		

PLEASE PROVIDE COPIES OF SOC. SEC. CARDS FOR ALL FAMILY MEMBERS IF WE HAVE NOT PREVIOUSLY PREPARED YOUR RETURNS.

<b>Taxpayer's Date of Birth:</b> / /	<b>Taxpayer's Soc. Sec. #</b> - -	<b>Spouse's Date of Birth:</b> / /	<b>Spouse's Soc. Sec. #</b> - -	
<b>Dependent's Name</b>	<b>Soc. Sec. #</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b># of Months Lived w/ you</b>
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

**DO YOU HAVE INCOME FROM THE FOLLOWING SOURCES? PLEASE ENCLOSE ALL FORMS.**

- |   |   |
|---|---|
| <input type="checkbox"/> Wages (W-2's)  | <input type="checkbox"/> Health Insurance Coverage (1095-A / 1095-B / 1095-C)             |
| <input type="checkbox"/> Interest (1099-Int) Tax-Exempt Interest (1099-Int)           | <input type="checkbox"/> Health Savings Acct Distributions/Contrib. (1099-SA / 5498-SA)   |
| <input type="checkbox"/> Dividends (1099-Div)   | <input type="checkbox"/> Pension & Annuity Distributions (1099-R)                         |
| <input type="checkbox"/> Other Income (1099-K)  | <input type="checkbox"/> Rental/Vac. Home Income & Expenses (Complete Enclosed Checklist) |
| <input type="checkbox"/> Digital Assets – receive, sell, exchange, gift or dispose? * | <input type="checkbox"/> Partnerships, S Corporations & LLC (K-1)                         |
| <input type="checkbox"/> State & Local Tax Refunds (1099-G)                           | <input type="checkbox"/> Estate or Trust (K-1)  |
| <input type="checkbox"/> Unemployment Comp. (1099-G)                                  | <input type="checkbox"/> Farm Income & Expenses (Complete Enclosed Checklist)             |
| <input type="checkbox"/> Alimony Received \$ _____ Agreement Date: _____              | <input type="checkbox"/> Social Security (Statement)                                      |
| <input type="checkbox"/> Stocks/Mutual Funds Sales (1099-B)                           | <input type="checkbox"/> Commissions & Fees Received (1099-MISC & 1099-NEC)               |
| <input type="checkbox"/> 529 Distributions (1099-Q)                                   | <input type="checkbox"/> Prizes/Miscellaneous Income/Gambling Income (W-2G)               |
| <input type="checkbox"/> IRA Distributions (1099-R)                                   | <input type="checkbox"/> 2024 Foreign Financial Accounts*                                 |
| <input type="checkbox"/> Business Income & Expenses (Complete Enclosed Checklist)     | <input type="checkbox"/> Sale of Property or Residence (Settlement Sheet)                 |

>> **Did you make Estimated Tax Payments for 2024? Enter amount below.** <<

	<b>1<sup>st</sup> Qtr: Due 4/15/24</b>	<b>2<sup>nd</sup> Qtr: Due 6/16/24</b>	<b>3<sup>rd</sup> Qtr: Due 9/16/24</b>	<b>4<sup>th</sup> Qtr: Due 1/15/2025</b>
IRS (US Treasury)	\$	\$	\$	\$
PA Dept of Revenue	\$	\$	\$	\$
Local Tax Collector	\$	\$	\$	\$

**\* PLEASE COMPLETE and SIGN the separate 2024 Supplemental Tax Questionnaire \***

>> DO YOU HAVE ANY OF THESE EXPENSES? PLEASE PROVIDE ALL ORIGINAL TAX FORMS. <<

<input type="checkbox"/> Regular IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Roth IRA (not tax deductible)	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Non-Deductible IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> SEP / Simple / Qualified Plan	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Alimony Paid – Recipient’s Soc. Sec. # _____ – _____ – _____ Agreement Date: _____				\$
<input type="checkbox"/> Medical & Dental Expenses				\$
<input type="checkbox"/> Health Insurance Premiums (do not include pre-tax deductions)				\$
<input type="checkbox"/> Long-Term Care Insurance Premiums	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Medical Mileage - Miles _____ @ <b>21 ¢</b> per mile				\$
<input type="checkbox"/> Real Estate Taxes				\$
<input type="checkbox"/> Occupational Privilege Taxes or EMST				\$
<input type="checkbox"/> Sales Tax Paid on Vehicle & Boat Purchases (need settlement sheet)				\$
<input type="checkbox"/> Total of Out-of-State Purchases for which PA Sales Tax needs to be remitted				\$
<input type="checkbox"/> Home Mortgage Interest (1098)				\$
<input type="checkbox"/> Home Equity Interest (1098)				\$
<input type="checkbox"/> Home Mortgage Interest Paid to Individuals				\$
>Name, Address, Soc. Sec. #				
<input type="checkbox"/> Points not reported on Form 1098				\$
<input type="checkbox"/> Investment Interest (Broker’s Statement)				\$
<input type="checkbox"/> Student Loan Interest				\$
<input type="checkbox"/> Charitable Contributions – List ALL contributions.				\$
<input type="checkbox"/> Used Clothing & Non-Cash Items to Charity (Details)				\$
<input type="checkbox"/> Mileage Driven for Charity _____ @ <b>14 ¢</b> per mile				\$
<input type="checkbox"/> Union & Professional Dues	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Business Use of Your Auto <b>You must complete the “Vehicle Information Questionnaire”</b>				\$
<input type="checkbox"/> Business Use of Your Home <b>You must complete the “Home Office Questionnaire”</b>				\$
<input type="checkbox"/> Teaching Supplies				\$
<input type="checkbox"/> Pennsylvania Lottery Ticket Losses (if 2024 PA Lottery ticket winnings apply)				\$
<input type="checkbox"/> Child Care Expenses Dependent Name:				\$
>Provider name, address, Soc. Sec. # or EIN #				\$
<input type="checkbox"/> College Tuition & Enrollment Related Expenses (Form 1098-T is required)				\$
>Which Dependent(s)? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				
>Course Materials (See “American Opportunity Credit” at <a href="http://www.dstortz.com/resources">www.dstortz.com/resources</a> for qualifications)				\$
<input type="checkbox"/> Contributions to 529 Plans –Limit <b>\$18,000</b> per beneficiary, per taxpayer, list beneficiary name(s)/amounts				\$
<input type="checkbox"/> Adoption Expenses				\$
>Which Dependent(s)?				
<input type="checkbox"/> Energy Tax Credits: Provide descriptions & costs for Solar, Geothermal Heat Pumps, Small Wind Turbines, and Fuel Cells. Refer to “Supplemental Information for Energy Tax Credits” at <a href="http://www.dstortz.com/resources">www.dstortz.com/resources</a> for qualifications and additional information.				
<input type="checkbox"/> Have you made any gifts exceeding <b>\$18,000</b> to any one individual during 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No				
* Do you want your refund (if applicable) Direct Deposited? OR If you owe tax, do you want the amount withdrawn from your checking account? If YES to either question, please attach a voided check/deposit slip.				
> <b>Other Comments:</b>				

I (we) have maintained receipts for all expenses listed on this questionnaire and any other spreadsheets, checklists, computer files, etc. provided to you for preparation of our returns.

Sign X \_\_\_\_\_

Sign X \_\_\_\_\_

Date \_\_\_\_\_